



City of Springfield
225 Fifth Street
Springfield, Oregon 97477
Ph: (541)726-3705 Fax: (541)726-4614
An Affirmative Action/Equal Opportunity Employer

**Group Event Application
Request for Services**

☐ **Special Events**

Please Print

Name of Organization: Contact Person: DOB:

Address Phone
Street or PO Box

City State Zip
E-Mail:

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield

Days/times you are available to volunteer for special events:

☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri
☐ Sat ☐ Sun Approximate Size of Group

AUTHORIZATION TO RELEASE INFORMATION

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I have reviewed the job description and meet the minimum requirements to volunteer in the desired position. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department. I authorize the use of my photograph. I understand I am covered by Workers’ Compensation or an excess medical policy while volunteering in an authorized capacity. I opt in for email notifications of volunteer opportunities and announcement. I may at any time opt out for such email notification by contacting the Volunteer Coordinator via email at kakins@springfield-or.gov or at the address above.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

I understand anyone under the age of 18 must submit a parent permission application along with the information below.

Group Coordinator/Contact Signature City of Springfield Facilitator Date

Participants agree to the above terms by signing below.

MEMBER INFORMATION

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